



# MINNESOTA

## DEPARTMENT OF COMMERCE BULLETIN 2000-4

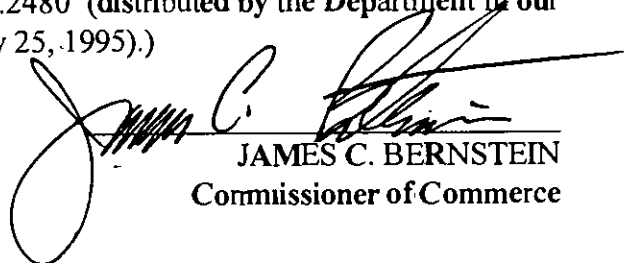
**DATE:** August 1, 2000

**TO:** All property and casualty insurance companies  
licensed to do business in Minnesota

**FROM:** MN Department of Commerce, Policy Analysis  
Division, Property & Casualty Group

**RE:** New filing review procedures for Property and  
Casualty rate, rule, and form filings (do not apply to  
workers' compensation insurance)

Reason for bulletin: The following information is being circulated to clarify company filing requirements. Please refer to our Department's BULLETIN 96-3 (October 1, 1996) for basic filing requirements. For exempted commercial lines please see Minn. Rules 2700.2460-2700.2480 (distributed by the Department in our Department's BULLETIN 95-2 (January 25, 1995).)



JAMES C. BERNSTEIN  
Commissioner of Commerce

### ***IMPORTANT CHANGE IN FILING PROCEDURES!***

***EFFECTIVE September 1, 2000***

***Please be advised of the following new filing review procedures, which will apply to all Property & Casualty rate, rule, and form filings (with the exception of workers' compensation insurance).***

***In order to expedite our Department's filings review and approval process, Commerce Analysts will automatically be returning to you, UNACCEPTED AND DISAPPROVED, any filing whose provisions contain 5 or more violations of Minnesota Statutes or Minnesota Administrative Rules.***

***The specific procedures cited on the following pages will be followed in this regard.***

***Acknowledgment required.** An officer of the company must sign and date this page in the space indicated below and return a copy to the Department of Commerce within 15 days of its receipt. You may return the acknowledgment by either mail or FAX. If the company wishes to transmit its acknowledgment by FAX, it should be directed to the Minnesota Department of Commerce, Policy Analysis, Property & Casualty Section, (651) 296-9434.*

***Receipt Acknowledged this** \_\_\_\_\_ **day of** \_\_\_\_\_, 2000*

***Company:*** \_\_\_\_\_

***Acknowledging Officer's  
Title:*** \_\_\_\_\_

***Officer's  
Name:*** \_\_\_\_\_

***Officer's  
Signature:*** \_\_\_\_\_



## **REVISED MINNESOTA FILING PROCEDURES**

- ⇒ You must attach an official Departmental certification form (see attachment) to all filings you submit to the Department. This form certifies that you have consulted the Department's on-line issues prior to submitting your filing AND that your filing is in compliance with ALL of the requirements. You must sign the certification and indicate the officer of your company responsible for overseeing your company's compliance with this bulletin. When an identical filing is submitted for more than one company, only one certification form need be submitted on behalf of all companies in a group.
  
- ⇒ FAILURE TO SUBMIT A CERTIFICATION FORM WILL RESULT IN YOUR FILING BEING DISAPPROVED AND RETURNED TO YOU. FURTHER, IF YOUR COMPANY'S FILING IS SUBMITTED FOR REVIEW WITH A CERTIFICATION FORM AND SUBSEQUENTLY IS REPEATEDLY FOUND TO BE OUT OF COMPLIANCE WITH THE REQUIREMENTS OF THE ON-LINE ISSUES MANUAL, YOUR COMPANY MAY BE SUBJECT TO ADMINISTRATIVE ACTIONS, INCLUDING FINES, UNDER MINNESOTA STATUTE § 45.027.
  
- ⇒ Analysts will circle and cite any filing provisions that are not in compliance with either Minnesota Statutes or Minnesota Administrative Rules.
  
- ⇒ Once 5 violations are marked, the analyst will cease reviewing the filing and automatically return it to you stamped "DISAPPROVED." The Department will consider the filing to be "closed" and no further action will be taken on it.
  
- ⇒ To determine what must be done to bring the provisions of your entire filing into conformance with relevant laws, administrative rules, and Departmental procedures, *you will need to consult the Department's on-line training manual, found on its website<sup>1</sup>. To go directly to the site, use the following address. (Please note that this web address is Case Sensitive; i.e. Capital letters must be used as indicated.)*

<http://www.commerce.state.mn.us/Forms/PolicyAnalysis.htm>

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<sup>1</sup> You will need Adobe Acrobat software in order to download the manuals. Once the manual files are downloaded, you will be able to print a hard copy of the manuals.

⇒ Alternately, you may access the website's home page at <http://www.commerce.state.mn.us> and then access the on-line manual by clicking as follows on the indicated labels:

- 1) "*Click here*"  
(i.e. label at the bottom of the blue tinted column on the left side of the page.)
- 2) "*License Applications, Instructions, Company Filing Requirements*"  
(i.e. box in lower right hand corner)
- 3) "*Insurance Company Policy Form, Rate, & Rule Filings*"  
(i.e. bullet in second column 7th from the top)

⇒ For an in-depth discussion of *all of the criteria*—including Departmental Procedures--considered by our Department in reviewing a forms, rules, or rate review, please consult the appropriate on-line manual.

⇒ After making all of the necessary changes to your filing in accordance with the on-line manual, you must re-file your filing, submitting it with a new transmittal form and a new filing fee. A new review of the filing will be initiated.

⇒ If your filing is again found to contain 5 or more violations, it will again be returned to you disapproved and the above-cited procedures will be repeated.

⇒ If you have questions regarding this bulletin, please contact Thomas Baker, Director of Policy Analysis, Property Casualty and Self-Insurance at 651-297-2853 or at [tom.baker@state.mn.us](mailto:tom.baker@state.mn.us)

*State of Minnesota*

***FILING CERTIFICATION FORM***

*(Must be submitted with filing)*

*Date:* \_\_\_\_\_

*Company GROUP Name:* \_\_\_\_\_

*Company GROUP NAIC Number:* \_\_\_\_\_

*Filing ID number:* \_\_\_\_\_

*I certify that I have consulted with the ON LINE WEBSITE of the Minnesota Department of Commerce before submitting this filing. I understand that if this filing does not comply with the requirements noted in the web site, the Department may take administrative actions, including levying of fines, against the company named above.*

*Filing Analyst name:* \_\_\_\_\_

*Filing Analyst Signature:* \_\_\_\_\_

*Responsible Officer's Title:* \_\_\_\_\_

*Responsible Officer's Name:* \_\_\_\_\_

